



NDHIN User Group

March 10, 2016

Reminder: Please remember to mute your phones and refrain from placing call on hold.

This meeting is being recorded and will be available for playback on NDHIN website.



Agenda

- NDHIN Update
 - Current Stats
- Direct Secure Messaging SSO
- 42 CFR Part 2 Proposed Rule Changes
- Million Hearts and Community BP Algorithm
 - Kelly Nagel, NDDoH
- Upcoming News & Events

NDHIN UPDATE





NDHIN Stats

- 200+ Organizations have signed Participation and Business Associate Agreements with NDHIN
 - 6 Prospective Payment Hospitals
 - 36 Critical Access Hospitals
 - Public health organizations, long term care, pharmacies, clinics etc.
- Direct Secure Messaging
 - Web based Direct (Communicate) and XDR Direct (EHR system functionality) – 2,200+ users
 - Altru, Essentia and Sanford are using XDR in Production
 - Veteran's Administration, Other States, HealthVault etc.
- Query Based Services (February 2016)
 - Onboarding over 50 organizations right now (data providers)
 - Unique Patient Records – 800,000 +
 - User Accounts set up to access patient data – 2200+ providers
 - Logins this Month – 1221
 - Patient Records Accessed – 1630
 - Rhapsody Transactions – 12 Million +

DIRECT SECURE MESSAGING SSO





Communicate (DSM) SSO

- SSO for communicate will be rolled out to the portal toward the end of March.
- This will allow for one click access to communicate from the portal.
- The roll out process will be relatively simple.
- Users accounts for portal and Communicate will remain the same with separate passwords.
- The SSO process will pass the communicate credentials.
- Users will need to maintain password changes for both accounts as currently exists.
- All communicate accounts must be in an active state for SSO to work. Initial login following account creation must be completed.

42 CFR PART 2

Proposed rule changes





Proposed changes to 42 CFR part 2

- Legal review by NDHIN—Feedback before April 5th
 - Consent provisions provide an option to share information (notes, meds, etc) but most systems aren't setup to allow specific information sharing in this manner.
 - For integrated systems, it will be difficult to keep information segregated from clinical data.
 - Proposed sharing of information to an HIE. Those connected to multiple HIEs or HIE sharing via the Sequoia project may present challenges in explaining data sharing to patients via the consent process.
 - Proposed rule allows that list of disclosures requirement becomes effective 2 years after effective date of final rule. Does this mean that disclosures information is retroactive to final rule effective date or begin 2 years after effective rule date?

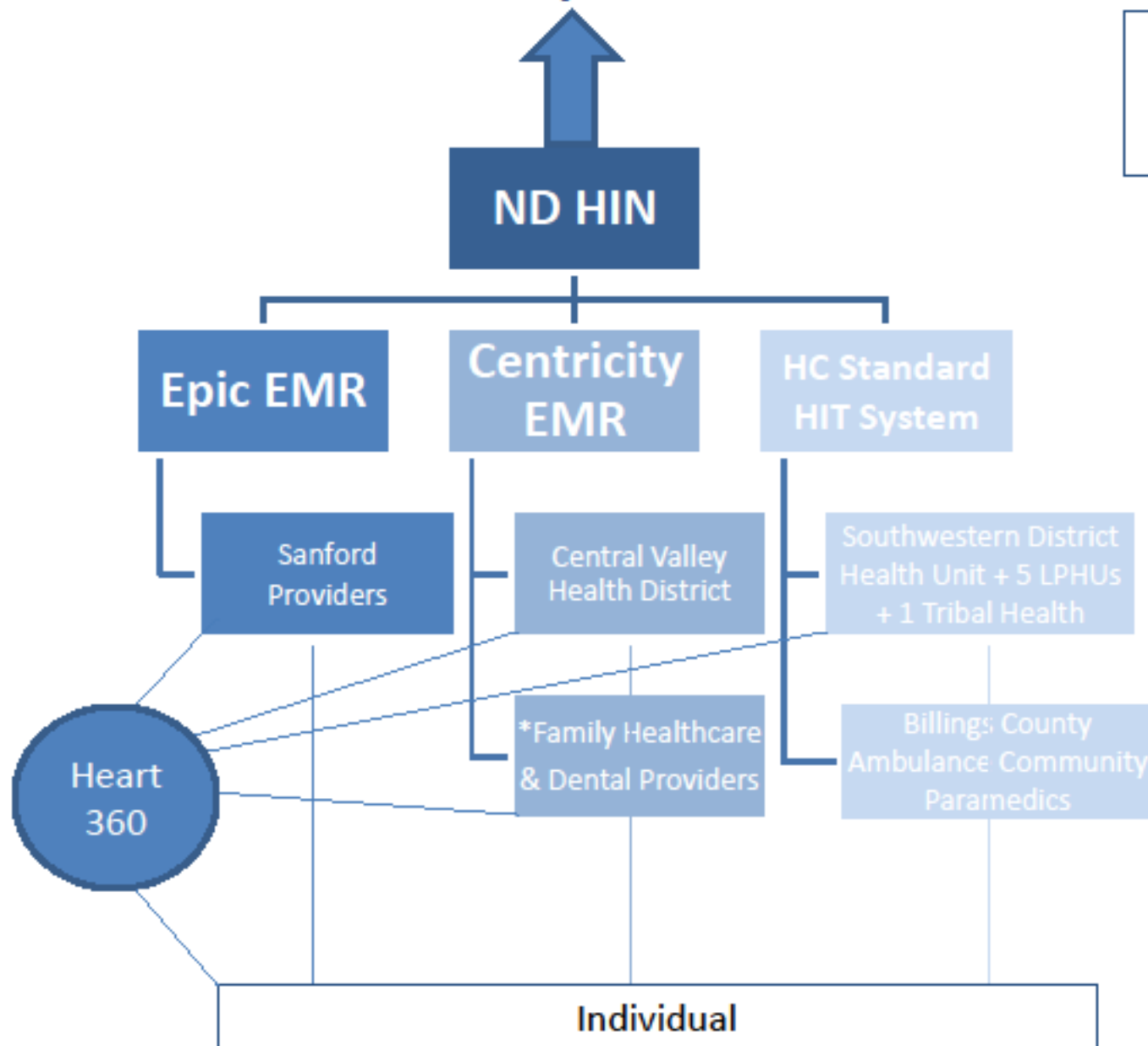
MILLION HEARTS

Information Map



Parceled Population Health Data

North Dakota
Million Hearts
Information Map



COMMUNITY BP

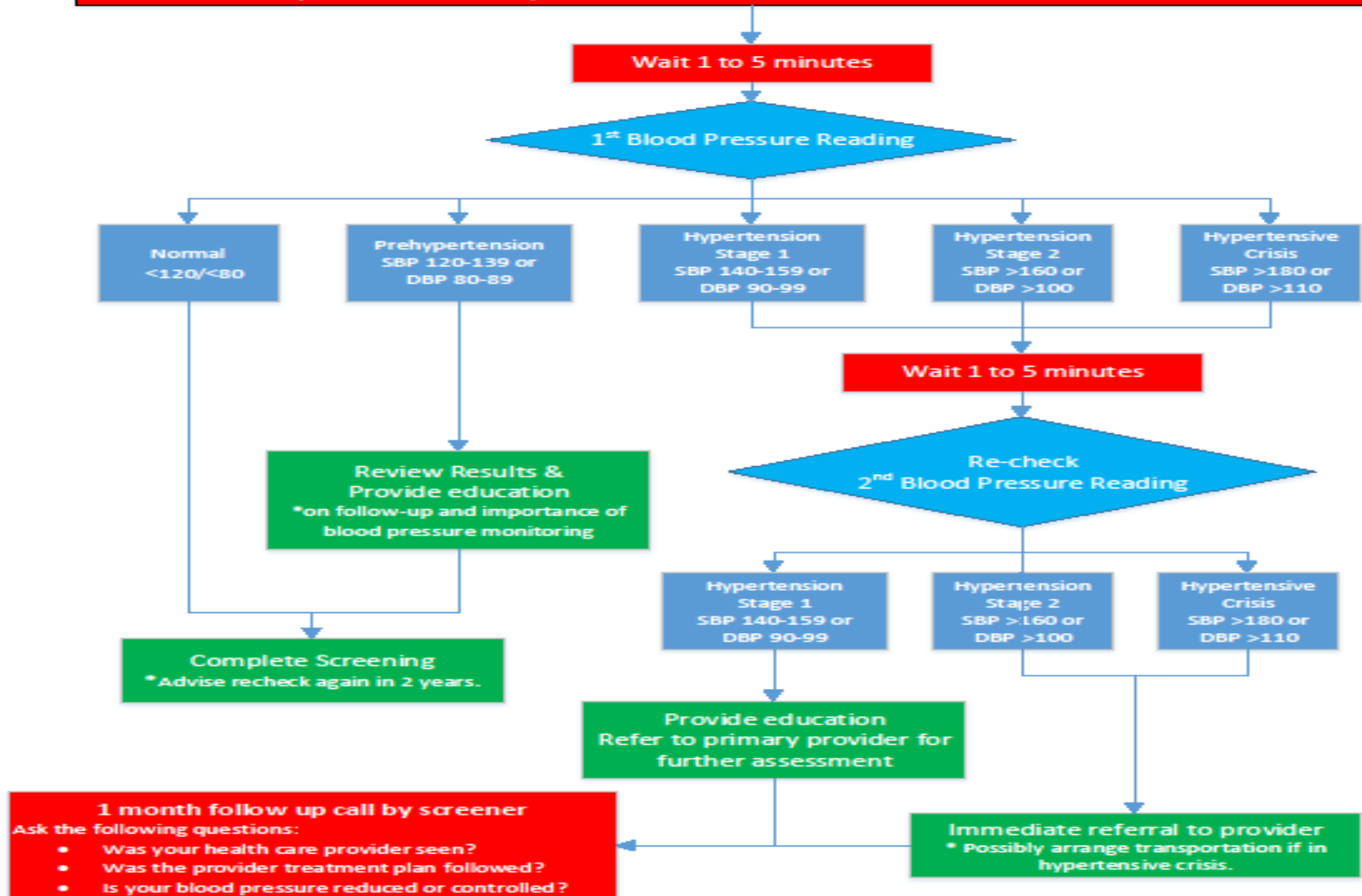
Algorithm Flow Chart



Community Based Blood Pressure (BP) Screening Algorithm

Observation:

- Individual in a seated position
- Level of noise in the room
- Ask about factors affecting BP (coffee, exercise, anxiety, smoking in the last 30 minutes)
- Ask about previous BP dx and/or medications



NEWS & EVENTS





Upcoming Events & News

- 2016 ND HIMSS Chapter Spring Conference
 - April 6th
 - <https://www.eventbrite.com/e/nd-himss-spring-2016-conference-tickets-21320385848?aff=es2>
- 2016 Dakota Conference
 - May 16-18th
 - Alerus Center, Grand Forks ND
 - <https://ruralhealth.und.edu/dakota-conference>
- Share your upcoming events!

